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UNITED NATIONS CHILDREN'S FUND
Programme Committee
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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Central African Republic

The Executive Director recommends that the Executive Board approve a commitment of $6 million from general resources, subject to the availability of funds, and a commitment of $12.5 million from supplementary funding, subject to the availability of specific-purpose contributions, for the country programme of the Central African Republic for the period 1993-1997.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.3 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. The Central African Republic has a population of 3.1 million inhabitants, of whom 43 per cent are children under the age of 15 and nearly 18 per cent are children under the age of 5. The population is primarily rural, and 80 per cent of the country's inhabitants reside in rural areas. Near half the urban population is concentrated in Bangui, the national capital. The gross national product of approximately $390 per capita ranks it among the middle-income African countries. Though certainly poorer than Cameroon, Gabon or the Congo, the Central African Republic has great economic potential in the area of hydrological power, owing to its position on the continent, its plentiful rainfall and its many rivers. The subsoil is rich in mineral resources that have scarcely begun to be tapped.

2. Since the time that the current cooperation programme was drawn up, on the basis of studies made in 1988, the economic situation in the Central African Republic has continued to deteriorate rapidly, weakening the capacity for action, reducing the national budget and diminishing the quality of life, especially for women and children. Lower national revenues and administrative problems have affected the level of basic services and set off a process of impoverishment in the Central African Republic. In the last 18 months, the political opposition has mounted a series of strikes and demonstrations; in most cases, these were due to salary arrears in the public sector, in turn caused by a decrease in foreign assistance and a poor performance in the recovery of debts.

3. The infant mortality rate (IMR) stands at 106 per 1,000 live births and the under-five mortality rate (U5MR) is 180 per 1,000 live births; the maternal mortality rate (MMR) is estimated at 600 per 100,000 live births. Owing to the expanded programme of immunization (EPI), the incidence of such diseases as whooping cough and measles has substantially dropped. At present the chief causes of infant and maternal mortality are parasitic infestations (19 per cent), diarrhoeal diseases (18 per cent), malaria (15 per cent), acute respiratory infections (ARI) (10 per cent) and sexually transmitted diseases (STD), whose exact impact is still difficult to assess. This is particularly so for acquired immune deficiency syndrome (AIDS), which has an incidence of 8 per cent; children under age five account for 25 per cent of the infected population.

4. Parasitic infections and malaria are a serious problem for both mothers and their children; gynaecological and obstetrical infections, as well as numerous, frequent, and unmonitored pregnancies, are also common. Malaria, especially when combined with nutritional deficiencies, is often the cause of low birth weight, and according to a national survey that took place in 1991, 62 per cent of the population from 8 to 18 years of age suffers from iodine deficiency.

5. According to the available data, malnutrition from advanced protein-calorie deficiency affects approximately 7.5 per cent of children from

birth through age five. Yet, 25 per cent of the same population group suffers from chronic malnutrition and other deficiencies. The chronic malnutrition springs from many factors, but especially from premature weaning, low household income, and a lack of nutritional knowledge, which often reflects poverty, unemployment, and the mother's lack of education. Acute malnutrition seems to predominate in the outskirts of large urban centres, where the quality of life has noticeably declined during the last 10 years owing to rapid urbanization and the lack of social services.

6. Access to health-care facilities and services remains limited, because only 45 per cent of the population lives within 5 kilometres of the nearest health-care facility, and because the medical care provided is of inferior quality owing to equipment and personnel shortages and, often, a total absence of medicine. Furthermore, although there is one public or private health unit for approximately every 6,500 people, there are considerable regional disparities. Nearly 30 per cent of personnel and health-care services are concentrated in the capital, where only 15 per cent of the population lives. Resources allocated for the health sector dropped steadily from 1988 to 1991, from 6.3 per cent of the national budget in 1988 to 4.2 per cent in 1990. External aid, though considerable, falls short of the country's needs. As for water supply and sanitation, although surface water is abundant, less than 20 per cent of the population in rural and suburban areas has clean drinking water. Water-borne diseases and the lack of sanitation continue to be major concerns, especially for the health of women and children.

7. The state of education, in particular pre-school and basic education, is of extreme concern and was exacerbated by over eight months of teachers' strikes in 1991. For several years, owing to the implementation of structural adjustment programmes, not only has the school enrolment rate been falling, but the quality of instruction has been declining sharply.

8. According to a recent study on the enrolment of girls, conducted jointly by UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO), the disparity in attendance rates between boys and girls (only 38 per cent of the students enrolled in basic education are girls) is significant, and stems from social and cultural factors deeply rooted in ancestral tradition. Over the last three years, State allocations for education have dropped from 25 per cent to 19 per cent of the national budget. In the context of the structural economic crisis, an increase in the volume of resources allocated for the social sector, although called for by the World Conference on Education for All and the World Summit for Children, will be difficult to achieve even if it is in keeping with official policy. In rural areas, the situation is indeed alarming: 99 per cent of women under the age of 25, and 86 per cent of women between the ages of 15 and 24 have not yet completed the middle level of Basic I. Since women - as producers, mothers and educators - are the principal agents in the development of a nation, their literacy is essential.

9. The lack of services and facilities to meet the needs of those who have migrated to the city or the suburbs from the rural areas has not only broken up the traditional extended family but has also removed the nuclear family unit from its original social group, and often from all social control. Furthermore, unemployment, lack of income, and highly unstable social and economic conditions have encouraged the rise of such phenomena as juvenile delinquency and prostitution. As a natural consequence, a considerable number of young people and children - ranging in age from 8 to perhaps 25 or more - live in the street. To survive, many start to work at a very early age, become prostitutes or serve as cheap labour in various specialized enterprises. In many instances, they play a significant role in the informal sector.

PROGRAMME COOPERATION, 1989-1992

10. The cooperation programme for the period 1989-1992 was aimed at reducing infant and maternal mortality and morbidity within the overall context of cooperation with the Government, taking account also of bilateral and multilateral cooperation inputs. For strategic and financial reasons, the programme thus developed mainly around two central elements, both of them in the field of health: EPI and a water supply and sanitation programme. A project on maternal and child health (MCH)/family planning (FP), involving especially midwife training and support for MCH/FP activities in health centres, and a project on women, nutrition and development were also started on a relatively small scale. In addition, an iodine-deficiency prevention project and later an AIDS-control project were formulated, but only the AIDS-control project has actually begun to be put into effect.

Health

11. The primary aim of the health programme was, through the MCH/FP activities and the training and equipping of health personnel for MCH and midwife activities, to strengthen the capacity of the basic health structures and improve the quality of the services offered to the public. But, given the health programme's limited coverage, and as a way of increasing the impact of health programme activities it placed heavy emphasis on programmes supported by the United States Agency for International Development (USAID) that focused primarily on control of diarrhoeal diseases (CDD) and malaria control. A number of health professionals, doctors, nurses and nurses' aides were retrained, 100 midwives were trained and equipped, and MCH material was supplied to 50 health centres. Regional bases, set up to organize and sustain EPI activities, were enlisted to improve the supervision of health personnel and the collection of data

12. Conceived and put into effect at the national level and designed specifically for the Central African Republic, EPI is exemplary in terms of both vaccination coverage and social mobilization. From 1989 to 1990, the vaccination coverage rate for tuberculosis rose from 80 per cent to 90 per cent, for measles from 57 per cent to 82 per cent, for diphtheria,

pertussis and tetanus from 43 per cent to 82 per cent, and for poliomyelitis from 43 per cent to 82 per cent.

13. Such vaccination coverage rates required very large-scale mobilization of both the authorities and the public. The public acquired the habit of systematically having children immunized, but at the same time the demand for quality health services rose very sharply. The implementation of EPI thus made it possible to prepare for the start of a large country-wide primary health care (PHC) programme. With a view to eradicating poliomyelitis, an epidemiological surveillance system is gradually being put into place. The sheer size of the country and the low population density led the Government to apply fixed, advanced and mobile strategies. The advanced strategy made it possible to expand coverage rapidly, but because of the high cost of the mobile strategy, 9 teams have already been disbanded and 12 others will be in 1993. At the same time, new fixed centres have been equipped and their staff trained in order to ensure that the programme will be ongoing and to maintain and even increase some of the vaccines available in the overall context of the implementation of the Bamako Initiative/PHC programme. However, since the end of 1990, the level of vaccination coverage for one-year-olds has declined in real terms.

14. The remarkable success of EPI naturally calls for measures to be taken to make the programme an ongoing effort. With that in mind, an inventory of health infrastructures, initially planned by the World Bank for the entire country, is being taken in three prefectures where the Bamako Initiative/PHC activities are to begin. Drugs and equipment are available for 14 health centres and subcentres in the three prefectures to meet the needs for one year of over 80 per cent of a population of more than 400,000. French cooperation assistance is supplying the hospitals in the prefectures.

15. Several consciousness-raising seminars bringing together mayors, municipal councillors, non-governmental organizations, technical services and community leaders have been organized in the three prefectures and have made it possible to reach over 250 people. A study of household income was made with USAID assistance, and the preparation of the management tools for the programme - a flow chart, management training units, registers, forms - is under way. Arrangements have been made to train the management committees.

16. The iodine-deficiency project planned as part of the 1989-1992 cooperation programme was, to begin with, the subject of a national survey in 1991 to determine the extent of the phenomenon. It has been learned that 63 per cent of the population suffers from iodine deficiency, with all the attendant consequences, namely, relatively high rates of sterility and miscarriage and notably poor scholastic performance, to say nothing of the aesthetic problems created by goitre. A project has been drawn up aimed at eradicating the deficiencies in the next five years by following three strategies, namely, installing iodine diffusers in wells; regulating the kind of salt imported, which should as far as possible be iodized; and injecting the most far-flung populations with lipiodole as part of EPI activities.

17. Under the village water supply and sanitation programme, 520 iodine diffusers have been ordered for installation in wells. This programme will start in the Nana-Grébizi prefecture, and will cover virtually 100 per cent of the water needs of 80,000 people. French cooperation assistance will supply 320 diffusers and a urinalysis laboratory, and UNICEF will supply 200 diffusers.

Water supply and sanitation

18. The water supply and sanitation programme is the second major sector of the cooperation programme. Started in 1987, this programme today supplies more than 250,000 people with drinking water in the prefectures of Nana-Grébizi, Ouham and Ombella-Mpoko and in Birao in the northern area of the country. In addition to the education-for-health activities, over 1,000 latrines have been built. Also, in connection with each well, the local management committee not only collects 50,000 CFA francs to maintain the well, even before it has been put into place, but it starts market gardening with the surplus water, which enables the population to eat vegetables and also to sell some of them, thus adding appreciably to family incomes.

Women, nutrition and development

19. The project on women, nutrition and development, planned earlier but not drawn up, started rather late with activities focusing primarily on food security and nutrition education and monitoring. Through the MCH/FP centres, the community development leaders present in the villages identify the malnourished children and monitor the mothers. They organize and lead activities with women's groups. This project, which covers three sub-prefectures and the Bangui area, is today following up on 50 women's groups and supplying equipment and teaching material to the network of MCH/FP centres. A nutrition survey done in the three sub-prefectures indicates that the rate of advanced malnutrition is as high as 6 or 7 per cent and that 25 per cent of children under five suffer from protein and calorie malnutrition. Nutritional monitoring and nutrtition education of mothers has been initiated in all the MCH centres.

Lessons drawn

20. Universal child immunization was the centrepiece of earlier cooperation activities, and the experience acquired is very instructive. It has shown especially the country's capacity to mobilize itself for the health of its children, but also its capacity to set goals and achieve them. Indeed, this programme is further proof that activities undertaken by the public authorities and the local community can be complementary and produce tangible results. Despite political events, the economic crisis and the long strikes in the sectors of health, education and water supply and sanitation, the action taken at the decentralized level (the village) has been to a large extent responsible for its present success and has shown the village to be a decentralized unit for programme planning and implementation on a human scale. Among the lessons learned from the previous cooperation programme is

the fact that advocacy and social mobilization activities are essential ways of creating public awareness of the problems and needs of children and above all inspiring the people to take part in programmes that are in their interest.

21. The assessments done in the course of preparing the mid-term review highlighted the difficulty the Central African Republic has in mobilizing additional funds and the need to devise a specific fund-raising strategy for the new programme. In general, the assessment reports emphasized that programmes were not sufficiently integrated, complementary or coordinated.

22. The main challenge for the period 1993-1997 is to ensure that health services at the community level, in the villages to be more precise, maintain the rate of coverage achieved in the area of vaccination and extend it to other key sectors like water supply and sanitation, education and nutrition.

RECOMMENDED PROGRAMME COOPERATION, 1993-1997

General resources: $ 6 000 000
Supplementary funding: $12 500 000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	2 250	5 676	7 926
Water supply and sanitation	400	4 584	4 984
Education	540	-	540
Community development and children in especially difficult circumstances	100	2 240	2 340
Social mobilization	250	-	250
Planning, statistics/assessment and follow-up	610	-	610
Programme support	1 850	-	1 850
Total	6 000	12 500	18 500

a/ A breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

23. The aim of the 1993-1997 cooperation programme is to respond decisively to the priority needs of children and women, in the context of the Government's development efforts. The cooperation programme is thus a component of the national plan of action and the national development plan, whose objectives as defined are consonant with the World Summit for Children in the areas of health, nutrition, education, water supply and sanitation, children in especially difficult circumstances, and the advancement of women. Furthermore, given the specific context in which the programme is to be implemented, its basic direction will be to reinforce community leadership and organization of the population for greater participation through greater responsibility, and to take an integrated approach to development problems through micro-planning.

24. The cooperation programme was drawn up after a review of the situation of children and women and of the preceding 1989-1992 cooperation programme. While engaging in low-cost activities, the programme must attend to the priorities set by the Government in the areas affecting children and women. Its objectives and strategies are likewise linked to those of the ongoing 1989-1992 programme, and it has been coordinated with programmes that are part of other bilateral, multilateral and non-governmental organization cooperation. This new programme largely reflects the overall priorities of UNICEF and in particular its strategies for children for the 1990s. The programme endeavours to make optimal use of the somewhat limited resources available to UNICEF.

Programme aims, objectives and strategies

25. The overall aim of the 1993-1997 cooperation programme is to improve the situation of children and women by putting into effect a set of programmes that have been coordinated for a synergistic effect, with a view to reducing child and maternal morbidity and mortality, favouring the utmost physical and intellectual development of the young child, and encouraging women to contribute decisively to the country's development. By assisting the Government to devise and pursue appropriate policies and approaches suited to the specific context of the country, involving a mobilization of grass-roots communities and villages as well as regional technical services, administrative district chiefs and local elected officials, the cooperation programme must ensure the full development of children, especially the development of their human potential and respect for their rights. It will help, specifically, to reduce IMR from 106 to 80 per 1,000 live births and U5MR from 180 to 140 per 1,000 live births. It will also help to reduce MMR from 600 to 400 per 100,000 live births. As regards the programme's quantified objectives, however, the figures will always be simply indicative. The reduction of mortality rates, while still one of the essential goals of the programme, must here be interpreted more as a focal point for efforts than as an absolute quantitative objective. These remarks naturally imply that it will be necessary to set up a system for collecting and analysing basic data.

26. In order to meet the immediate needs of the vulnerable groups and to attack the structural causes of their vulnerability, the new cooperation

programme will take several approaches. First, the Bamako Initiative/PHC programme will be set up in the seven most populated prefectures in the country, encompassing 51 per cent of the total population. In this connection, EPI, which offers national coverage, will be fully integrated in these areas and will naturally continue to be carried out in the rest of the country as in the past. The other projects under the health programme, namely, the AIDS-control project, the iodine-deficiency project, and the projects on community development and social mobilization, development of human resources, and national capacity-building, will also be put into effect in the seven prefectures. On the other hand, the water supply and sanitation project, because of the high cost of wells, will cover the three prefectures of Ouham, Nana-Mambéré and Mambéré-Kadéi.

27. The new cooperation programme is in itself a form of national capacity-building. In terms of content, objectives and approaches, the aim of the options chosen is to increase the institutional capacity of the country, in particular the villages and the prefectural technical services, and also to change the nature of the relationship between the population and the administrative authorities, especially the trusteeship they exercise over the local communities. The aim is likewise to increase the human resources in the areas of programme planning, follow-up and evaluation. With regard to the formulation of policies on behalf of children, the elaboration of the national action programme will have provided an opportunity first of all for bringing the partners together with the Ministry of Planning, and then for establishing an interministerial committee responsible for devising, elaborating, following up and evaluating development programmes in the social sector.

28. It goes without saying that the cooperation programme seeks to break new ground, and thus proposes objectives and strategies for sustainable and self-sustaining development. The selection of the village as the target point is not accidental. This choice, which has several advantages, was made after much thought and after discussions with the national authorities and research based on specific experience. The village is a legal person under public law and has the kind of financial independence that allows it to prepare programmes and fund them. Moreover, even if its structure is not very operational and its management and functioning need improvement, the village offers an exceptional framework within which development activities in all spheres can take place, resources can be generated and innovations can be made in the field of development.

Health

29. The health programme is made up of four projects whose objective is to significantly reduce disease and mortality rates among women and children by 1997. Faced with rising financial difficulties, the authorities have adopted a health-care strategy based on decentralization and community participation in compliance with the Bamako Initiative. The geographical and operational scope of the PHC project will be enhanced and expanded on the basis of prior experience. From now through the end of 1997, more than 50 per cent of the total national population will benefit from this project, under which the

following will be provided: prenatal and postnatal care, immunization, control of diarrhoeal diseases, the treatment of malaria and ARIs, as well as basic health care, in combination with projects dealing with nutrition, education, water purification and the environment. This programme will also strengthen institutional structures through community participation. UNICEF will continue to support training for community management committees, a first step towards effective community participation.

30. The objective of EPI is to expand immunization coverage for one-year-olds to 80 per cent and tetanus immunization for women of childbearing age to 90 per cent, and to maintain those levels. This project will thus have a direct impact upon the eradication of poliomyelitis and the elimination of neonatal tetanus. EPI will be gradually integrated into PHC in the seven prefectures covered by the PHC/Bamako Initiative Project.

31. An AIDS project of national scope will provide information, education and communication (IEC) in schools and universities. Though conceived as a separate project, its activities will be closely linked to PHC. In addition to IEC activities in schools and universities, its target will be the control of STDs in health centres within those areas covered by the PHC project. A systematic search for partners will be conducted in order to expand the programme throughout the country.

32. The prevalence of endemic goitre in the Central African Republic (62 per cent of the population from age 8 to 18) calls for a multisectoral strategy, involving health, agriculture and rural development, trade, water supply and so forth. The objective will be to inform the general population of the causes and consequences of iodine deficiency disorder (IDD) and to eliminate diseases stemming from iodine deficiency by 1996. This project will include an important IEC component. Its approach to IDD will be treatment by administering dietary supplements, and prevention by enriching and diversifying the diet, and by iodizing drinking water. This multisectoral strategy will be implemented through already existing programmes (EPI, village water supply, health education), which will be expanded for this purpose.

Water and sanitation

33. The water and sanitation programme consists of a village water project with a strong sanitation and health education component. The programme goal for 1993-1997, which is to sink 600 wells, will assist the Government in providing drinking water to 350,000 people. The sanitation and health education component is designed to have a direct impact on water-borne diseases. In accordance with Year 2000 goals, this component conforms to the long-term goals of the national programme, with emphasis upon the two following points: the reduction of infant mortality and the treatment of IDD. These goals will be achieved through the installation of iodine diffusers with the capacity to provide for between 400 and 500 people per well. The project is also designed to increase access to waste disposal systems by 80 per cent and to develop market gardening.

Education

34. This programme, which represents a new area of activity for UNICEF and the Central African Republic, will make use of a progressive strategy designed to strengthen State participation in the educational sphere. In conjunction with other agencies in the United Nations system, the principal NGOs and the World Bank, the first phase of the education programme will provide support to the Government for research and analysis aimed at a total overhaul of the educational system, comprising three parts: nursery-school education, basic education, and non-formal education. In the context of the second phase and of the next five-year plan, the Government has set the following goals for basic education: improving the quality of basic instruction; reducing regional differences in school courses and literacy; developing pre-school instruction throughout the nation; increasing the attendance rate for all children of school age, with emphasis on children from rural areas and especially girls; reducing the overall illiteracy rate, especially among women in rural areas; improving living conditions, through education, especially for women (reducing MMR, improving productivity, etc.) Since studies and analyses are presently under way, it is difficult to quantify the objectives, although they fall within the framework of those set by the World Conference on Education for All.

Community development and children in especially difficult circumstances

35. Community development is a horizontal programme which precedes and accompanies all other programmes, in terms of both providing leadership to and organizing grass-roots communities. Thus in the seven prefectures covered by the PHC/Bamako Initiative programme and in the 42 villages where micro-planning will be used, leadership and grass-roots organizing will lay the basic groundwork for other programmes. In addition to providing direct support for other programmes, this programme will improve social and economic conditions by raising awareness in the community of both its problems and its capacity to resolve them, and by developing appropriate technologies. In order to promote community participation in the funding of the PHC/Bamako Initiative programme and to set up an educational system which is better adapted to the requirements of development, sustained leadership, consciousness-raising and organizing will be used in all the areas in which the programme is implemented. The programme will provide training and such administrative and technical support as is necessary to enable people to identify their needs, to set up basic structures by means of micro-planning and to manage these structures using the funding methods set forth in the Bamako Initiative. It also proposes to help these communities to achieve lasting results, by setting up economic structures based on production, savings, trade, etc., so that they can generate their own income, which will in turn permit them to assume responsibility for social activities (health, education, culture).

36. A rapid survey of children in especially difficult circumstances, in the Central African Republic classified them in four groups: street children, disabled children, AIDS orphans, and children who work. Owing to the

precarious living conditions of most of the population, it is difficult to focus specifically on any one of these categories within the framework of the present programme. Given the limited resources of the programme, and pending a closer analysis, UNICEF has asked the NGOs working in this sector to create facilities for education, information and literacy for children. Three facilities will be established in the city of Bangui, whose purpose will be to help children to become reunited with their families, to receive care and to follow instruction in preparation for learning a trade. To improve their skills, sports activities are also envisaged.

Social mobilization and advocacy

37. The social mobilization programme will build on earlier experience with forging alliances, institutional capacity-building and intensified relations with all the various means and methods of communication, particularly traditional channels and direct information chains. It will comprise a national advocacy project and an information, education and communication (IEC) project. The aim of the advocacy project will be to heighten awareness of and popularize the national plan of action, the Convention on the Rights of the Child and the advancement of the status of women and to provide relevant information and training. UNICEF will also continue to promote the development of an advocacy strategy which includes using the opportunities provided by the mass media and formal and informal communication channels and lobbying high-level decision makers who can influence government structures, special interest groups, technicians and field agents.

38. The IEC project supports, in the health field, the implementation of PHC/Bamako Initiative, the EPI and the control of IDD; in the education field, schooling for girls, functional literacy (especially for women) and the promotion of school parent associations; and the water iodization and nutrition programme and the participation of community leaders in campaigns for access to drinking water. It also seeks to build institutional capacity in the IEC areas by markedly supporting the coordination and planning of all social mobilization activities aimed at benefiting maternal and child health, as well as management, training and material production, with a view to achieving the objectives of the national plan of action. It will assist the census and help to coordinate the use of mobilization mechanisms: networks of leaders from both the Government and the independent sector, the mass media, and technicians in the fields of health, education, water and sanitation. UNICEF will endorse a coherent approach that creates the conditions conducive to the behaviour change needed in order to accomplish the goals of the sectoral programmes between now and 1997.

Planning, monitoring and evaluation

39. In order to encourage the population to participate in implementing the programme and to have a sense of responsibility, micro-planning has been retained as a strategy. In terms of the country's administrative structures, this entails using the village to plan activities for the programme to promote child survival, protection and development with town councillors backed by a

national team, the administrative authorities and technical services. Initially, the process will entail studying the situation and identifying needs, followed by an analysis of the available human, financial and material resources. Finally, the activities pinpointed as priorities will be planned and implemented according to strategies determined by the people themselves.

40. Such an approach requires the introduction of a stringent system for monitoring and evaluating implementation of the programme. Accordingly, two main focal points of monitoring and evaluation have been singled out in the programme: in the context of national capacity-building, the introduction, in conjunction with the University, of a set of indicators for each individual sector and activity, and in the context of the social development unit at the Ministry of Planning, the introduction of a database covering all sectors. An appraisal is, of course, planned as soon as the programmes have been introduced, and periodic evaluations will be made in order to ensure that essential adjustments are made on a regular basis. Implementation of the programme will be evaluated in early 1995, prior to the mid-term review due to take place later that year. Specific evaluations of the programmes and projects financed under supplementary funding will also be made.

Coordination with other agencies

41. From the outset, the United Nations Development Fund, the World Health Organization, the United Nations Population Fund, the Food and Agriculture Organization of the United Nations, the World Food Programme and the World Bank have been involved in the programming process. They took part in the preparatory work, received and commented on the documentation prepared and put forward suggestions wherever feasible, particularly with regard to micro-planning at the village level, which stimulated particular interest owing to the potential for cooperation thus offered. Bilateral cooperation efforts, specifically between France and USAID, will continue under this new programme in the fields of primary health care and water. Non-governmental organizations will be routinely involved in implementing the programme.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Central African Republic	(1991 and earlier years)		UNICEF country classification
Under-five mortality rate	180	(1991)	Very high U5MR
Infant mortality rate	106	(1991)	Very high IMR
GNP per capita $	390	(1991)	Low GNP
Total population	3.1 Million	(1991)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1991
Births	(Thousands)	80	104	135	138
Infant deaths (under 1)	(Thousands)	11	12	14	15
Under-five deaths	(Thousands)	19	21	24	25
Under-five mortality rate (per 1,000 live births)		240	202	182	180
Infant mortality rate (under 1) (per 1,000 live births)		140	119	107	106

		About 1980	Most recent
Underweight children (under 5) (% weight for age)	Moderate & severe	..	..
	Severe	..	..
Babies with low birth weight (%, 1973/1987)		23	15
% of primary school children reaching final grade, 1980/1987)		53	17

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%)		.. /../ ..	.. / .. / ..
Prevalence of wasting (%)		..	..
Prevalence of stunting (%)		..	..
Daily per capita calorie supply (% of requirements, 1979-81/1988-90)		94	82
Food production per capita index (Index 1979-1981=100, 1991)		..	93
Household expenditure (% of total income)	All food/cereals		.. / ..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1991)			24
Access to health services	Total	..	45
(% of population, 1985)	Urban/rural	.. / ..	.. / ..
Access to safe water	Total	16	26
(% of population, 1975/1990)	Urban/rural	.. / ..	32 / 21
Access to adequate sanitation	Total	..	..
(% of population, 1990)	Urban/rural	.. / ..	.. / 48
Births attended by trained personnel (%, 1988)		..	66
Maternal mortality rate (per 100,000 live births, 1983)		..	600

Immunization		1981	1985	1990	1991
One-year olds (%) immunized against:	Tuberculosis	26	53	96	79
	DPT	12	24	82	46
	Polio	12	24	82	45
	Measles	16	30	82	46
Pregnant women (%) immunized against:	Tetanus	13	20	87	50

TABLE 1 (continued)

Central African Republic

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	71 / 57	67 / 55
(%, 1980/1989)	Male	93 / 73	83 / 66
	Female	51 / 42	51 / 43
Secondary enrolment ratio (gross/net)	Total	14 / ..	11 / ..
(%, 1980/1989)	Male	21 / ..	17 / ..
	Female	7 / ..	6 / ..
Adult literacy rate, 15 years & older	Total	16	38
(%, 1980/1989)	Male/female	26 / 6	52 / 25
Radio/television sets (per 1,000 population, 1980/1990)		52 / 0	66 / 4

DEMOGRAPHIC INDICATORS		1970	1980	1990	1991	2000**
Total population	(Thousands)	1849	2313	3008	3090	3862
Population aged 0-15 years	(Thousands)	786	1019	1395	1440	1829
Population aged 0-4 years	(Thousands)	297	399	545	560	671
Urban population (% of total)		30	38	47	48	55
Life expectancy at birth	Total	42	45	47	47	46
(years)	Male	40	43	45	45	44
	Female	45	48	50	50	48
Total fertility rate		5.7	6.0	6.2	6.2	5.6
Crude birth rate (per 1,000 population)		43	45	45	44	42
Crude death rate (per 1,000 population)		23	20	18	18	18

		About 1980	Most recent
Contraceptive prevalence rate (%)		..	..
Population annual growth rate	Total	1.8	2.6
(%, 1965-1980/1980-1991)	Urban	4.8	4.6

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1991)		0.8	-1.5
Inflation rate (%, 1965-1980/1980-1990)		9	5
Population in absolute poverty (%, 1977)	Urban/rural	.. / ..	.. / 91
Household income share (%)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure	Health/education	.. / ..	.. / ..
(% of total expenditure)	Defence	..	..
Household expenditure (% of total income)	Health/education	.. / ..	.. / ..
Official development assistance:	$US millions	111	225
(1980/1991)	As % of GNP	16	18
Debt service (% of goods and services exports, 1980/1990)		0	6

* UNICEF Field office source.
** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1989-1992 a/

COUNTRY: CENTRAL AFRICAN REPUBLIC
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $3,463,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SP		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	1752	576	158	34	548	384	648	364	3104	1035	1358	3140	4462	4175
Household food security and nutrition	128	169	18	6	155	2	156	29	455	144	206	546	661	690
Water supply and sanitation	430	325			396	192	236	53	1062	150	570	2352	1632	2502
Community organization and development	612	21	10		373		5		1000	414	21	814	1021	1228
Social mobilization and advocacy	35	131	15	88	23	48	50	208	123	108	475		598	108
Planning and social statistics	163		31		158		404		756	408			756	408
Programme support	137		4		639		267	5	1047	1204	5		1052	1204
GRAND TOTAL	3257	1222	234	128	2292	626	1764	659	7547	3463	2635	6852	10182	10315

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding.

a/ Actual expenditure includes expenditure recorded as of 17 December 1992.

b/ Includes additional general resources allocation for unfunded supplementary funding programmes.

TABLE 3. PLANNED EXPENDITURE, 1993 – 1997

(In thousands of United States dollars)

Country: CENTRAL AFRICAN REPUBLIC Period covered: 1993 – 1997	Funding status	1993	1994	1995	1996	1997	Total
Health	GR	450	450	450	450	450	2250
	FSF	178					178
	NSF	1138	1088	1150	1150	1150	5676
Water supply and sanitation	GR	100	50	100	100	50	400
	FSF	246					246
	NSF	902	942	980	880	880	4584
Education	GR	50	150	100	100	140	540
Community organization and development	GR	50	10	10	10	20	100
	FSF	105					105
	NSF	460	470	370	470	470	2240
Social mobilization and advocacy	GR	50	50	50	50	50	250
Planning and social statistics	GR	130	120	120	120	120	610
Programme support	GR	370	370	370	370	370	1850
TOTAL	GR	1200	1200	1200	1200	1200	6000
	FSF	529					529
	NSF	2500	2500	2500	2500	2500	12500
GRAND TOTAL		4229	3700	3700	3700	3700	19029

GR = General resources.
FSF = Funded supplementary funding.
NSF = New supplementary funding.

/...

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

CENTRAL AFRICAN REPUBLIC

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET 1993-1997 (In thousands of US dollars)				POSTS a/ and b/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS c/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L.1	D1/L.4	P/L.5	P/L.4	P/L.3	P/L.2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES										d/							
Health	2250			2250													
Water supply and sanitation	400			400						1	1			1	125		125
Education e/	540			540													
Community organization and development	100			100									1	1		141	141
Social mobilization and advocacy	250			250						1	1			1	125		125
Planning and social statistics	610			610								1	1	2		493	493
Programme support	1850			1850					1		1		7	8	585	987	1572
TOTAL GR	6000			6000					1	2	3	1	9	13	835	1621	2456
SUPPLEMENTARY FUNDING																	
Health		178	5676	5854				1	1		2		1	3	1230	141	1371
Water supply and sanitation		246	4584	4830				1	1	2	4		2	6	1890	282	2172
Education												1		1		352	352
Community organization and development		105	2240	2345					1		1		1	2	585	141	726
Programme support										1	1			1	125		125
TOTAL SF		529	12500	13029				2	3	3	8	1	4	13	3830	916	4746
TOTAL GR & SF				19029				2	4	5	11	2	13	26	4665	2537	7202
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed 1994-1995)	Operating costs			1448													
	Staffing b/						1	1	1		3	1	7	11	913	859	1772
GRAND TOTAL (GR + SF + ADM)							1	3	5	5	14	3	20	37			
	Number of posts and staff costs:																
	- At the beginning of previous programme (1989)										d/ 14	1	18	33	N/A	N/A	N/A
	- At the beginning of proposed programme (1993)										d/ 14	3	20	37	N/A	N/A	N/A
	- At the end of proposed programme (1997) (Indicative										d/ 14	4	20	38	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective as of 1 January 1994.

c/ Project posts are funded for five years and core posts are funded for two years.

d/ Includes four United Nations volunteers.

e/ Under the supervision of the planning officer.

Abbreviations: GR = general resources, FSF = funded supplementary funding, NSF = new supplementary funding, SF = supplementary funding, IP = International Professional, NP = National Professional, GS = General Service, ADM = administrative.